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Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITYIn re Application of: **Stephanie WALD, et al**Application No. **10/522,069**Filed: **May 26, 2005**Title: **SYSTEM FOR MULTIMEDIA VIEWING BASED ON ENTITLEMENTS**Attorney Docket No. **U: 015600-5**Art Unit: **3688**

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Stuart C. Atlow	56,503
Samuel M. Katz	37,366
David Zviel	41,392
Sanford T. Colb	26,856

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record			
Name	CLIFFORD J. MASS		
Signature		Date	November 13, 2009
Registration Number	30086	Telephone	(212) 708-1890

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.